



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of SCR114
ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A
CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED
AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER
NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-
FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: April 17, 2015

Room Number: 329

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department supports Senate Concurrent Resolution (SCR114)
3 which encourages food service facilities to offer healthy beverage options and provide higher
4 nutritional quality in children's menu or meal options. The concept of this resolution is based on
5 national recommendations for reducing the consumption of sugar sweetened beverages (SSBs).
6 The Division of Physical Activity, Nutrition and Obesity (DNPAO) at the Centers for Disease
7 Control and Prevention (CDC) recommends decreasing the consumption of SSBs as one of six
8 evidence-based strategies for preventing and reducing overweight and obesity. The 2010
9 *Dietary Guidelines for Americans* also recommends reducing the intake of SSBs as a method to
10 control calorie intake and managing body weight. The Institute of Medicine (IOM) likewise
11 supports increasing the availability of lower-calorie and healthier food and beverage options for
12 children in restaurants as a strategy.

13 Today in Hawaii, more than one in two adults (BRFSS 2012; 56%) and over one in four
14 high school students (YRBS 2013; 28.2%) are overweight or obese. The rate of adults with
15 diabetes in Hawaii is 8.4% and an additional 12.9% have been diagnosed with pre-diabetes (2013
16 BRFSS). Hawaii spends an estimated \$470 million annually on obesity-related medical costs,
17 and \$770 million on diabetes-related medical costs. SSBs have been identified by numerous
18 scientific studies as a major contributor to our costly obesity epidemic.

1 Between 1977 and 2001, calorie intake from SSBs increased 135% for all age groups.¹
2 While overall SSB consumption has decreased in recent years, particularly among children and
3 adolescents,² consumption rates remain high. On any given day, roughly half of the American
4 population over two years of age drinks at least one SSB, and 25% consume at least 200 calories
5 from SSBs.³ A typical 20-ounce soda contains 15 to 18 teaspoons of sugar and about 240
6 calories.⁴ In comparison, the American Heart Association guidelines for daily added sugars is 5
7 teaspoons (100 calories) for an average woman, and 9 teaspoons for an average man.⁵ There is
8 also a strong correlation between weight and soda consumption. In children, each 12 ounce soft
9 drink consumed daily, increases their odds of becoming obese by 60%.⁶ Research has found that
10 a small, persistent energy imbalance of as little as 50 calories per day can result in up to a 5-
11 pound weight gain over the course of a year.⁷ A meta-analysis of 88 cross-sectional and
12 prospective studies found a higher intake of soft drinks was associated with higher body weight,
13 greater energy intake, lower intake of other nutrients, and worse health outcomes.⁸ In a national
14 study of children 2-18 years of age, 6 in 10 didn't eat enough fruit in 2007-2010, and 9 in 10

¹ Nielsen SJ and Popkin BM. "Changes in Beverage Intake Between 1977 and 2001." *American Journal of Preventive Medicine*, 27(3): 205-210, 2005, 2004. Available at:

www.cpc.unc.edu/projects/nutrtrans/publications/Beverage%20trends-BP-Samara%202004.pdf.

² Han E and Powell LM. "Consumption Patterns of Sugar-Sweetened Beverages in the United States." *Journal of the Academy of Nutrition and Dietetics*, 113 (1): 43-53, 2013. Available at: www.ncbi.nlm.nih.gov/pubmed/23260723.

³ Ogden CL, Kit BK, Carroll MD, et al. *Consumption of Sugar Drinks in the United States, 2005-2008*. National Center for Health Statistics Data Brief, No. 71, 2011, p. 5. Available at: www.cdc.gov/nchs/data/databriefs/db71.htm.

⁴ US Department of Agriculture. Nutrient data for 14400, Carbonated beverage, cola, contains caffeine. National Nutrient Database for Standard Reference, Release 24. 2012. Accessed June 21, 2012, <http://ndb.nal.usda.gov/ndb/foods/show/4337>

⁵ Johnson, RK, Appel, LJ, Brands, M., Howard, BV, Lefevre, M., Lustig, RH, Sacks, F, Steffen LM, Wylie-Rosett, J. "Dietary Sugars Intake and Cardiovascular Health." *Circulation*, August 24, 2009, 1011-1020.

⁶ Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*. 2001; 357:505-8.

⁷ Kumanyika SK, Obarzanek E, Stettler N, et al. "Population-Based Prevention of Obesity: The Need for Comprehensive Promotion of Healthful Eating, Physical Activity, and Energy Balance: A Scientific Statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (formerly the Expert Panel on Population and Prevention Science)." *Circulation*, 118: 428-464, 2008. Available at: <http://circ.ahajournals.org/cgi/content/full/118/4/428>.

⁸ Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health*. 2007; 97: 667-675.

1 didn't eat enough vegetables. In 2009-2010 white potatoes made up about 1/3 of the vegetables
2 consumed, and 2/3 were eaten as French fries and chips.⁹

3 Americans including children consume about one-third of their calories outside of
4 home.¹⁰ Requiring retail food establishments to prohibit the sale of SSBs as a part of a children's
5 meal would encourage families to choose a healthier option when eating outside the home.
6 Children consume, on average, almost twice as many calories from a restaurant meal (770) as
7 they do from a meal cooked at home (420).¹¹ Adding SSBs to these meals adds calories and
8 sugar that may contribute to obesity and health problems. As of August 2008, 93% of children's
9 meals at the 25 largest chain restaurants failed to meet a set of nutrition standards developed by a
10 panel of nutrition experts and based in large part on key recommendation from the *Dietary*
11 *Guidelines for Americans*.¹² In *Children's Food Environment State Indicator Report, 2011*, the
12 CDC recommends increasing access to quality and affordable healthy foods and beverages as a
13 way to improve the food environment for children. Ensuring healthy options are the default
14 option in children's meals is one policy in a comprehensive strategy to reduce the consumption
15 of added sugars to reduce the prevalence of obesity in Hawaii.

16 Thank you for the opportunity to provide testimony.

⁹ Centers for Disease Control and Prevention. "Progress on children eating more fruit, not vegetables." CDC Vital Signs. August 2014.

¹⁰ Economic Research Service. 2004. *Diet Quality and Food Consumption: Daily food consumption at different locations: All individuals age 2 and older*.

¹¹ Zoumas-Morse C, Rock CL, Sobo EJ, et al. "Children's Patterns of Macronutrient Intake and Associations with Restaurant and Home Eating." *Journal of the American Dietetic Association*, 101(8): 923-925, 2001.

¹² Wootan MG, Batada A, and Marchlewicz E. *Kids' Meals: Obesity on the Menu*. Washington, DC: Center for Science in the Public Interest, 2008. Available at: <http://cspinet.org/new/pdf/kidsmeals-report.pdf>.



SCR114

ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.

House Committee on Health

April 17, 2015

11:00 a.m.

Room 329

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SCR114, which seeks to reduce rates of obesity, diabetes, and tooth decay by encouraging healthier meals and beverage options for children at food service establishments.

OHA's strategic priorities include Maui Ola (Health), which represents our commitment to improve the quality of life of Native Hawaiians, by reducing the onset of chronic diseases and of obesity in particular. In furtherance of this priority, and in line with Act 155 (Reg. Sess. 2014) and Hawai'i Revised Statutes Section 226-20, we support a "social determinants of health" approach that takes a holistic and systemic view in addressing obesity in Hawai'i's communities.

Although bottled and canned beverages are labelled with nutritional information, including the quantity of sugar in each serving, many consumers may not know the extent to which the consumption of such beverages increases the risk of obesity and its related morbidities. Sweetened fruit juices, fruit drinks, carbonated sodas, pre-packaged coffee and tea, sports drinks, and energy drinks are all sugar sweetened beverages (SSB) that may contain surprisingly high amounts of sugar, which may contribute to their evidence-based associated health risks. For example, a typical 11oz can of coffee may contain around 30 grams of added sugar; this would be equivalent to ¼ cup of sugar in less than 1½ cups of coffee.

These resolutions may help to significantly decrease the rates of obesity within the Hawaiian and larger communities, by making it easier for families to choose healthier food options for their children. By changing the default beverage option for "children's" meals to water and other non-sugar sweetened beverages, consumers must separately and consciously choose to provide SSBs to their children, rather than have one provided for them automatically.

Accordingly, OHA urges the Committee to **PASS** SCR114. Mahalo nui for the opportunity to testify.



Testimony in SUPPORT of SCR 114

The American Heart Association supports SCR 114, "Encouraging food service facilities in the state that offer a children's menu of meal options, or a meal that is represented as a children's meal, to serve children's meals with higher nutritional quality and include only bottled water or low-fat milk as the default beverage in the meal or menu option."

Sugary drinks are an unnecessary part of the American diet that decades ago were just a treat and are now guzzled at alarming rates. From sports drinks to sodas to fruit-flavored drinks, today's children are drinking their age in these sugary drinks each week. Today's children derive 10% to 15% of their total calories from sugary beverages. Reducing consumption will improve rates of obesity, diabetes and heart disease.

Sugar-sweetened beverages represent the single largest source of sugar in the American diet. An average 20-ounce sugar-sweetened beverage such as soda contains more than 16 teaspoons of sugar.

Too much added sugar from sugar-added drinks such as soda and sports drinks can overload critical organs over time, leading to serious diseases such as heart disease, stroke, high blood pressure, type 2 diabetes and dental erosion, pancreatic cancer, and metabolic syndrome. Sugar-sweetened beverages are also associated with a risk of weight gain and obesity. **Drinking just one 12-ounce soda every day increases a child's odds of becoming obese by 60 percent, and doubles the risk of dental carries.** While most sugar-sweetened beverages contain little or no nutritional value, soft drink consumption is also associated with lower intakes of milk (therefore calcium and other nutrients).

Childhood obesity has more than tripled in the past 30 years, and obese children are at least twice as likely as non-obese children to become obese adults. **Fifty-seven percent of adults in Hawaii are overweight or obese, and 1 in 3 children entering kindergarten in Hawaii are overweight or obese.**

Consuming sugar through beverages also fools your body. When you consume sugar as a beverage you don't feel as full. It's easy to down 10 or more teaspoons of sugar in a single 12-oz. soda. **The American Heart Association recommends no more than 6 teaspoons of added sugar per day for women and no more than 9 teaspoons per day for men.** Thus, one average 12-oz. can of sugary beverage can put you over the daily maximum recommended amounts of added sugar.

Overweight and obesity account for approximately \$147 billion in annual health care costs nationally, or 9 percent of all medical spending. **An estimated \$470 million is spent annually on obesity-related health problems in Hawaii. Roughly half of**

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those costs may be paid by Medicare and Medicaid, meaning taxpayers absorb the costs for health care associated with obesity treatment .

The AHA urges your **SUPPORT** for **SCR 114** as a building block in a comprehensive approach to reducing and reversing Hawaii's overweight and obesity epidemic.

Respectfully submitted,

A handwritten signature in black ink that reads "Donald B. Weisman".

Donald B. Weisman
Hawaii Government Relations Director

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Please remember the American Heart Association in your will.





To: The Honorable Della Au Belatti, Chair, Committee on Health
The Honorable Richard P Creagan, Vice Chair, Committee on Health
Members, House Committee on Health

From: Jessica Yamauchi, Executive Director

Date: April 15, 2015

Hrg: House Committee on Health, Friday, April 17, 2015 11:00a.m. Room 329.

Re: **Support for SCR 114, ENCOURAGING FOOD SERVICE FACILITIES IN THE STATE THAT OFFER A CHILDREN'S MENU OF MEAL OPTIONS, OR A MEAL THAT IS REPRESENTED AS A CHILDREN'S MEAL, TO SERVE CHILDREN'S MEALS WITH HIGHER NUTRITIONAL QUALITY AND INCLUDE ONLY BOTTLED WATER OR LOW-FAT MILK AS THE DEFAULT BEVERAGE IN THE MEAL OR MENU OPTION.**

Thank you for the opportunity to offer testimony in support of Senate Concurrent Resolution 114, encouraging food service facilities in the state that offer a children's menu of meal options, or a meal that is represented as a children's meal, to serve children's meals with higher nutritional quality and include only bottled water or low-fat milk as the default beverage in the meal or menu option.

The Hawaii Public Health Institute (HIPHI) supports and promotes policy efforts to create a health Hawaii. HIPHI weaves silos into working relationships as an effective network, ensuring that we come together across sectors to advance collaboration and innovation in public health and work towards making Hawaii the healthiest place on earth.

Restaurants that offer children's menus typically serve refillable sugary drinks like sodas and fruit punch with their advertised kids' meals¹. Parents often have to pay extra in order to get a healthy drink for their child. Restaurants should do more to make healthy choices more available to families by offering 100% juice, bottled water and low-fat milk as part of the bundled menu price. Ensuring that restaurants offer healthy beverages as the default drinks on kid meals will help children and parents make the healthy choice.

Sugary drinks contribute more calories and added sugars to our diets than any other food or beverage and daily consumption is strongly linked to higher childhood obesity and type 2 diabetes rates². Children and adolescents today derive 10% to 15% of their total calories from sugary beverages³. Every day, 33% of children and 41% of teens consume fast food and only 3% of kids' meal combinations met the food industry's own revised CFBAL nutrition standards or the National Restaurant Association's Kids Live Well standards⁴.

¹ Center for Science in the Public Interest, 2013

² Institute of Medicine, 2012

³ Wang, Y 2008

⁴ Rudd Center for Food Policy and Obesity, Fast Food Facts, 2013



Drinking just one 8-oz sugary drink per day increases a child's odds of becoming obese by 60%⁵ and overweight adolescents have a 70 percent chance of becoming overweight adults. Subway, McDonalds, Wendy's, and Burger King have recently announced that they will now advertise and offer healthier drinks as a part of their kids' meals. The trend has started with a few large chains and it is time for all restaurants to help our keiki and offer healthier beverage choices.

Soft drinks are the most common kids' meal beverage, offered by 78% of top chain restaurants. The next most frequent beverage offerings are fruit juice (58%) and whole milk (43%)⁶. According to a survey done in 2014 by the National Restaurant Association, 72% of consumers say that they would be more likely to visit a restaurant that offers healthful options⁷.

This resolution will help to educate and encourage food establishments in Hawaii to offer healthy food and beverage options with children's meals. Hawaii Public Health Institute supports SCR114 and respectfully asks you to pass this measure in support of fostering a healthier Hawaii. Thank you for the opportunity to testify.

Respectfully,

A handwritten signature in black ink, which appears to read "Jessica Yamauchi".

Jessica Yamauchi, MA
Executive Director

⁵ Rudd Center for Food Policy and Obesity, 2012

⁶ Center for Science in the Public Interest, 2013

⁷ National Restaurant Association, 2014



House Committee on Health

The Hon. Della Au Belatti, Chair

The Hon. Richard P. Creagan, Vice Chair

House Committee on Human Services

The Hon. Dee Morikawa, Chair

The Hon. Bertrand Kobayashi, Vice Chair

Testimony on Senate Concurrent Resolution 114
Submitted by Nani Medeiros, Public Affairs and Policy Director
April 17, 2015, 11:00 am, Room 329

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, supports SCR114, encouraging all food establishments to offer milk or water with children's meals.

There is little doubt that a health crisis exists in Hawaii, aided in no small part by the consumption of sugar sweetened beverages. Per a 2004 study, sugar sweetened beverages are the largest single contributor of calories to the average Americans diet, while at the same time provided little to no nutritional value. The average American currently consumes 175 calories from sugar sweetened beverages alone, a number that comprised 10% of children and adolescents daily intake. This level of consumption does not come without consequences and in 2009 alone, over \$470,000,000 was spent on obesity-related medical expenditures in Hawaii.

The HPCA supports taking a proactive step to protecting our keiki from these health risks and our state from the onerous costs associated therewith. For these reasons we support SCR114 and thank you for the opportunity to testify.



Hawaii Restaurant Association

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April 16, 2015

To: Rep.; Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair
Members of the House Committee on Health

Rep. Dee Morikawa, Chair
Rep. Bertrand Kobayashi, Vice Chair
Members of the House Committee on Human Services

From: Hawaii Restaurant Association

Subject: SCR 114 Children's Menu and Meal Options

The Hawaii Restaurant Association wants to take this opportunity to share with you that the major players on their own has already move towards the intent of this resolution.

McDonald's started in 2013 by reducing the size of fries in kid's meal and added apple slices with default drinks as being non-fat chocolate milk. low fat 1 % white milk or 100 % fruit juice.

Wendy's followed with similar changes in 2014.

Burger King announces earlier this year that they also will be doing likewise this year.

We also have national menu labeling legislation taking effect later this year requiring any restaurant chains with 20 or more locations to have calorie content on their menus.

As you can see, our industry is a responsible industry and we will do what the consumer demands of us. Thank you for allowing me to share our positions.

Testimony of McKale Pennell
IN SUPPORT OF SCR114 CHILDREN'S MEALS; HEALTHY OPTIONS
Before the Senate Committee on Commerce and Consumer Protection
April 15, 2015

Thank you for the opportunity to testify in support of Senate Concurrent Resolution 114, which encourages food service facilities in the state that offer a children's menu of meal options, or a meal that is represented as a children's meal, to serve children's meals with higher nutritional quality and include only bottled water or low fat milk as the default beverage in the meal or menu option.

Many restaurants serving children's menus usually serve the same types of foods on adult menus, just in smaller portions. However, it is important for children to learn to enjoy healthier foods at a young age. Although adults have the advantage of being able to evaluate the nutritional value of their foods before eating them, children generally do not think about these types of things, and will eat whatever is presented to them on a children's menu.

Having children's menus that are low in nutritional values does not give kids the option to live a healthy lifestyle. Offering healthy beverages such as low-fat milk or water instead of soda or juices high in sugar content can help increase the health of the youth in Hawaii. When children do not have the option to pick and choose the healthiest item for them, it is important that the restaurant and/or food supplier help them make these decisions.

Therefore, I offer strong support and kindly encourage you to pass this measure in order to help create a healthier youth in Hawaii. Thank you for the opportunity to testify on this measure.

Sincerely,

McKale Pennell